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CERTIFICATE OF MAILING

Applicant: Jerussi et al.

Title: TREATMENT OF CNS DISORDERS WITH TRANS 4-(3,4-DICHLOROPHENYL)-
1,2,3,4-TETRAHYDRO-1-NAPTHALENAMINE AND ITS FORMAMIDE

Attorney Docket No.: 0701.196A

Date of Deposit: June 4, 2004

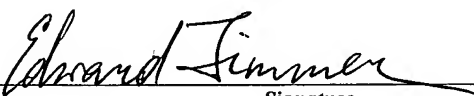
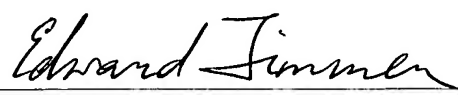
Enclosed are:

- * One (1) Acknowledgment Postcard;
- * Certificate of Mailing;
- * Check for \$1,684.00 (Amendment filing fee) (Large Entity);
- * Amendment Transmittal Letter (1 page) (Large Entity);
- * Preliminary Amendment (20 pages)

I hereby certify that this correspondence is being deposited with the U.S.
Postal Service as first-class mail on the date indicated above and
addressed to:

Mail Stop Patent Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Edward Timmer

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 0701.196A	
Applicant(s): Jerussi, et al.					
Application No. 10/663,173	Filing Date 09/16/2003	Examiner To Be Assigned	Customer No.	Group Art Unit 1614	Confirmation No. 2834
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; transform: rotate(-15deg);"> OFFICE OF JUN 07 2004 PATENT & TRADEMARK OFFICE </div> <div> Invention: TREATMENT OF CNS DISORDERS WITH trans 4-(3,4-DICHLOROPHENYL)-1,2,3,4-TETRAHYDRO-1-NAPHTHALENAMINE AND ITS FORMAMIDE </div> </div>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	70 -	26 =	44	x \$18.00	\$792.00
INDEP. CLAIMS	14 -	7 =	7	x \$86.00	\$602.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					\$290.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,684.00
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$1,684.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-1935 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: June 4, 2004 </div> </div>					
 <div style="text-align: center;"><i>Signature</i></div>			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on June 4, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  <div style="text-align: center;"><i>Signature of Person Mailing Correspondence</i></div> <div style="text-align: center;">Edward Timmer</div> <div style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></div> </div>		
CC: _____					



Docket No. 0701.196A

USSN 10/663,173

Jerussi et al.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.:	10/663,173	Group Art Unit:	1614
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Title:	TREATMENT OF CNS DISORDERS WITH trans 4-(3,4-DICHLOROPHENYL)-1,2,3,4-TETRAHYDRO-1-NAPTHALENAMINE AND ITS FORMAMIDE		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT UNDER 37 C.F.R. 1.121(a)

Dear Sir:

Prior to examination, please amend the application as follows:

06/08/2004 SDIRETH1 00000064 10663173

01 FC:1202
02 FC:1201
03 FC:1203

792.00 OP
602.00 OP
290.00 OP